

**Request for Address Change or Reissuance of Electrical License/Apprentice Registration****116**

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Electrical Division  
P.O. Box 30255  
Lansing, MI 48909  
517/241-9320

**Fee: \$25.00**

Authority: 1956 PA 217

Completion: Mandatory

Penalty: Licensee may not receive license renewal  
application/License will not be reissued

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**Instructions:**

1. Complete form as appropriate. Form must include your signature. Type or print in ink.
2. Address changes do not generate a new license. If you are requesting a new license, your current pocket and wall license must accompany this application along with a check or money order made payable to the **State of Michigan** for \$25.00.
3. If you are requesting a license to be reissued for a reason other than a change of address you must provide the reason and submit any portion of the current license, i.e., pocket or wall license you have in your possession with this application along with a check or money order made payable to the **State of Michigan** for \$25.00.
4. Mail completed form, appropriate documents, and payment to address above.

Address change only  
No Charge

Address change-requesting  
reissuance of license

Request for reissuance of license  
State Reason \_\_\_\_\_

**License Type**

INDICATE WHICH LICENSE(S) YOU HOLD IN WHICH AN ADDRESS CHANGE / REISSUANCE OF LICENSE IS NECESSARY. PROVIDE YOUR LICENSE NUMBER.

Electrical Contractor	61- _____
Master Electrician	62- _____
Journeyman Electrician	63- _____
Fire Alarm Contractor	51- _____
Fire Alarm Specialty Technical	52- _____
Sign Specialty Contractor	53- _____
Sign Specialist	54- _____
Apprentice Electrician	64- _____
Fire Alarm Specialty Apprentice Technician	50- _____

**Previous Address** (for address change only)

NAME			
ADDRESS	TOWNSHIP		CITY
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (       )

**Current Address**

NAME			
ADDRESS	TOWNSHIP		CITY
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (       )

**Certification**

I hereby certify that the above information is true and accurate to the best of my knowledge.

SIGNATURE OF LICENSEE

DATE